

REFUND

PERSONALITY (201) FILE REQUEST

TO RI/ANALYSIS SECTION	DATE 30 Sept 1958	ACTION		
FROM [Redacted]	OPEN [Redacted]	X AMEND [Redacted]	CLOSE [Redacted]	ROOM NO. 2203-K
				TELEPHONE 3915

INSTRUCTIONS: Form must be typed or printed in block letters.

SECTION I: List 201 number, name and identifying data in the spaces provided. All known aliases and variants (including maiden name, if applicable) must be listed. If the identifying data varies with the alias used, a separate form must be used. Write UNKNOWN for items you are unable to complete.

SECTION II: List cryptonym or pseudonym, if assigned. If true name is sensitive, obtain 201 number from 201 Control Desk and complete Section I and Section III. On a separate form, enter the 201 number and complete Section II and Section III. Submit each form separately.

SECTION III: To be completed in all cases.

SECTION I				
<input type="checkbox"/> SENSITIVE	<input checked="" type="checkbox"/> NONSENSITIVE	NAME (Last) WOLFF TYPE NAME 2 (Last)	NAME VARIANT (First) Karl (Middle) Friedrich Otto	1. SOURCE DOCUMENT 2. BIRTH (Month) 13 (Year) 05 3. COUNTRY OF BIRTH 4. BIRTH DATE (Year) 00 5. GERM 6. CITY OR TOWN OF BIRTH 7. OTHER IDENTIFICATION 8. DARMSTADT 9. OCC/POS CODE 10. ACTION DESK EE/G/W5 11. SECOND COUNTRY INTEREST 12. THIRD COUNTRY INTEREST 13a. DATE 2001 2007
RECLASSIFIED AND RELEASED BY CENTRAL INTELLIGENCE AGENCY SOURCES METHODS EXEMPTION 3B2B NAZI WAR CRIMES DISCLOSURE ACT				
DESTROYED UPON RECEIPT OF MACHINE LISTING				

PHOTO	4. BIRTH DATE	5. COUNTRY OF BIRTH	6. CITY OR TOWN OF BIRTH	7. OTHER IDENTIFICATION
<input type="checkbox"/> YES	<input type="checkbox"/> NO	13 05 00	GERM	DARMSTADT
OCCUPATION/POSITION Former SS General; presently Advertising Representative				
SECTION II				
CRYPTONYM		PSEUDONYM		
[Redacted]		[Redacted]		

COUNTRY OF RESIDENCE W GERM	10. ACTION DESK EE/G/W5	11. SECOND COUNTRY INTEREST	12. THIRD COUNTRY INTEREST	13a.
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COMMENTS: Former SS General Changing Case file title	07/64-5
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PERMANENT CHARGE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RESTRICTED FILE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE [Redacted]
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VERIFIED

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